

<b>REQUEST OF FINANCIAL INFORMATION FORM (PAGE 1)</b>	<b>LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS TRIBAL COURT</b>	<b>CASE NO.</b>
<b>Court Mailing Address: 7500 Odawa Circle Harbor Springs, MI 49740 (231) 242-1462</b>		
Plaintiff	<b>V</b>	Defendant
<b>Complete this form and sign on page 4.</b>		
<b>YOUR GENERAL INFORMATION</b>		
1. Your full name		2. Date of birth
3. Place of birth: city and state		
4. Address	City	State
5. Home telephone	6. Work telephone	
7. Social security number	8. Driver's license no.	9. Professional license, type, and no.
10. Member no.	11. E-mail address	
12. Sex M      F	13. Eye color	14. Hair color
15. Height	16. Weight	17. Race
18. Scars, tattoos, etc.		
19. Your father's full name		20. Your mother's full maiden name
21. Children's Names with other parent in this case    Birthdate    Gender    Soc. sec. no.    Member no.    Address    No. of overnights you have w/ child annually		
22. Names of all additional minor children you support      Birthdate.    Member no.    Address		
23. Are you pregnant?      a. When is the child due? b. Is the other party in this case the biological parent of the expected child?		
Yes	No	Yes      No
24. Are you presently married?		Yes      No
<b>YOUR INCOME, MEDICAL, EDUCATIONAL, AND HEALTH INSURANCE INFORMATION</b>		
25. Your occupation		26. Your employer (if unemployed, name of last employer)
27. Employer's address	City	State
28. Date hired		
29. Gross earnings per pay period (earnings before taxes) \$                      weekly                      biweekly                      bimonthly                      monthly		30. Filing status                      dependents claimed Married                      single                      head of household
31. Hourly pay rate (including shift premium and COLA)	32. Total regular hours worked per pay period	
33. Average overtime hours for past 12 months		
34. Second job		35. Employer
36. Employer's address	City	State
37. Date hired		
38. Gross earnings per pay period (earnings before taxes) \$                      weekly                      biweekly                      bimonthly                      monthly		39. Hourly pay rate    40. Average hours worked per pay period since hire date
41. If unemployed and not receiving unemployment or worker's compensation benefits, or working part-time only, provide the following information:		
Name of last full-time employer		Address of last full-time employer
Position held at last place of full-time employment		Last day employed full-time
Length of time employed in last full-time position		Reason for leaving last full-time employment
Gross earnings per pay period (earnings before taxes) \$                      weekly                      biweekly                      bimonthly                      monthly		

<b>REQUEST OF FINANCIAL INFORMATION FORM (PAGE 2)</b>	<b>LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS TRIBAL COURT</b>	<b>CASE NO.</b>	
<b>YOUR INCOME, MEDICAL, EDUCATIONAL, AND HEALTH INSURANCE INFORMATION (continued)</b>			
42. List MONTHLY income from all other sources, such as:			
Commissions	Unemp. Benefits	Nat'l Guard & Res. Drill Pay	
Bonuses	Strike Pay	Armed Services	
Profit Sharing	SUB Pay	Allowance for Rent	
Interest	Sick Benefits	Rental Income	
Dividends	Worker's Comp.	Spousal Support/Alimony	
Annuities	Soc. Sec. Benefits	State Disability Assistance	
Pensions/Longevity	VA Benefits	FIP	
Deferred Comp./IRA	Disability Insurance	Supp. Security Income SSI	
Trust Funds	GI Benefits	Other	
43. Do you have any spousal support/alimony orders involving another person not a parent in this case? If so, complete a. b. and c. <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>No</span> <span>Yes, as payer</span> <span>Yes, as recipient</span> </div>			
a Amount of order (do not include arrearages)	b Type of order/Case no.	c City, county, and state	
44. Do any of the children listed on item 21 and 22 receive payments from the Social Security Administration? <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <span>Yes</span> <span>No</span> </div>			
Child's Name	Amount (monthly)	Type of Benefit (check one) SSI      Dependent Benefit	Source of dependent benefit (mother, father, stepparent)
45. Attach your four most recent paycheck stubs, or a statement from your employer(s) of wages and deductions, and year-to-date earnings, and a copy of your last federal and state income tax returns, including all schedules. If self-employed, also attach a copy of your three most recent business tax returns and/or corporation returns.			
46. Do you have any medical conditions/restrictions that affect your ability to work? If yes, please explain medical condition/restriction: <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <span>Yes</span> <span>No</span> </div>			
47. What is your educational background? (Check one) <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div>Less than high school Associate's degree</div> <div>High school graduate Bachelor's degree</div> <div>Trade school graduate Graduate degree</div> </div>			
48. Medical insurance company name, address, telephone no.		Policy/Group number	Beginning date, if known
49. Dental insurance company name, address, telephone no.		Policy/Group number	Beginning date, if known
50. Optical insurance company name, address, telephone no.		Policy/Group number	Beginning date, if known
51. What dependent coverage is available to you without cost? <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Medical</span> <span>Dental</span> <span>Optical</span> </div>			
52. What dependent coverage is available by payment of an additional premium? (Specify cost per pay period.) <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div>Medical per</div> <div>Dental per</div> <div>Optical per</div> </div>			
53. Individuals currently covered by your insurance			
Name	Birthdate	Relationship	Medical    Dental    Optical



<b>REQUEST OF FINANCIAL INFORMATION FORM (PAGE 4)</b>	<b>LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS TRIBAL COURT</b>	<b>CASE NO.</b>
<b>INFORMATION REGARDING THE OTHER PARENT IN THIS CASE (continued)</b>		
87. Medical insurance company name, address, telephone no.	Policy/Group number	Beginning date, if known
88. Dental insurance company name, address, telephone no.	Policy/Group number	Beginning date, if known
89. Optical insurance company name, address, telephone no.	Policy/Group number	Beginning date, if known
90. What dependent coverage is available to the other parent without cost?	Dental	Optical
91. What dependent coverage is available by payment of an additional premium? (Specify cost per pay period.)		
Medical	per	Dental
	per	Optical
	per	p e r
92. Individuals currently covered by other parent's insurance		
Name	Birthdate	Relationship
Medical	Dental	Optical
I declare that the information in this questionnaire is true to the best of my information, knowledge, and belief.		
<div style="display: flex; justify-content: space-between;"> <span>Date</span> <span>Signature</span> </div>  <div> <b>Reminder List</b> <ul style="list-style-type: none"> <li>Have you signed this questionnaire?</li> <li>Have you completed item 21 regarding the number of overnights you have with the child annually? Failure to specify will result in the tribal court custody officer estimating the number of overnights.</li> <li>Have you attached your four most recent paycheck stubs, or a statement from your employer(s) of wages and deductions and year-to-date earnings?</li> <li>Have you attached a copy of your last federal and state income tax returns, including all schedules, W-2s, and 1099s? If self-employed, also attach a copy of your three most recent business tax returns and/or corporation returns.</li> <li>Attach any additional information that may be useful to the tribal court custody officer in making a support recommendation. Make sure you use enough postage to cover these additional items.</li> <li>Have you attached verification if you are asking for reimbursement of child-care expenses?</li> <li>Make a copy of this form for your own records.</li> <li>Send the original form, completed and signed, to the Tribal Court Support Officer.</li> </ul> </div>		

